

TITLE F.
CHARITABLE MEDICAL CARE

§ 9-23.0 **Legislative Intent.** Nassau County Legislature recognizes the importance of providing charity medical care to indigent persons who would otherwise be left untreated. The Legislature further finds that it is the responsibility of all hospitals within the County to provide proper medical treatment to indigent persons. Many of these hospitals are not for profit and have the obligation to provide charity care in exchange for favorable tax treatment by the government.

It is essential that on an ongoing basis, the Nassau County Department of Health evaluate the need for charity care in the County and the level of care that is being provided to indigent persons by hospitals within Nassau County. In order for the County to be able to monitor this care, the County needs information from hospitals with regard to their policies on the availability, access liability, and criteria for providing charity care. The County further needs information concerning the amount of charity care provided to indigent persons by each hospital in order to better monitor the care provided to indigent persons and to fashion an appropriate response to untrue needs for charity care, including the recommendation of budgetary, regulatory or other action at the state and federal levels.

To maximize the access to charity care within the community and to enhance the health of the public informing individuals of the availability of charity care, it shall be the policy of the County of Nassau that each hospital notify every patient of its charity care policy. Such notice shall include visually prominent multilingual postings explaining the hospital's policy on charity care. It shall also be the policy of the County of Nassau to encourage hospitals, when practicable, to verbally notify patients at the time of admission as to the availability of charity care and the process for applying or qualifying for such care.

§ 9-23.1 **Definitions.** For the purpose of this section certain words and phrases shall be construed as hereinafter defined.

(a) "Bad debt." The term bad debt means the unpaid accounts of any person who has received medical care or is financially responsible for the cost of care provided to another, where such person has the ability to pay but is unwilling to pay.

(b) "Charity care." The term charity care means emergency, inpatient or outpatient medical care, including ancillary services, provided to indigent persons.

(c) "Cost." The term cost means the actual amount of money a hospital spends to provide each service, but not the full list price charged by the hospital for that service.

(d) "Department." The term department means the Nassau County Department of Health.

(e) "Commissioner." The term commissioner includes the County Health Commissioner or a designee.

(Editor's note- There is no subparagraph (f).)

(g) "Hospital." The term hospital includes every entity in Nassau County licensed as a general acute care hospital, as defined by Section 2801 of the New York Public Health Law.

(h) "Policies." The term policies means the hospital's criteria and procedures on the provision of charity care including any criteria and procedures for patient and community notification of charity care availability, the application or eligibility process, the criteria for determinations on eligibility for charity care and the appeal process on such determinations, and the hospital's internal accounting procedures for charity care.

(i) "Ratio of cost-to-charge." The term cost-to-charge shall mean the relationship between the hospital's cost of providing services and the charge assessed by the hospital for the service.

(j) "Indigent person." The term indigent person shall mean a person who is uninsured and determined after a needs assessment by the health care provider to have exhausted all reasonable means of payment so that there is no expectation of reimbursement.

§ 9-23.2 Reporting to the Department of Health. Hospitals shall submit, once a year, a report containing the following information:

1. The dollar amount of charity care provided during the prior year as specified by the department, after adjustment by the cost-to-charge ratio. Each hospital shall file a calculation of its ratio of costs-to-charges with its report. Figures representing bad debt shall not be included in the amount reported.

2. The total number of applications, patient and third party requests for charity care, and the total number of hospital acceptances and denials for charity care received and decided during the prior year, the zip code of each patient's residence on each such acceptance and denial, the number of individuals seeking, applying, or otherwise eligible for charity care who were referred to other medical facilities along with the identification of the facility to which the individuals were referred.

3. The total number of patients who received hospital services within the prior year reported as being charity care and whether those services were for emergency, inpatient or outpatient medical care, or for ancillary services.

4. All charity care policies, including, but not limited to, explanations regarding the availability of charity care and the time periods and procedures for eligibility, application, determination, and appeal; any application or eligibility forms used, and the hospital locations and hours at which the information may be obtained by the general public.

5. The average length of treatment for charity patients in each of the following categories: emergency care, inpatient care and outpatient care.

6. The number of persons assisted by the hospital to apply for coverage under Medicaid or other insurance.

7. Such other information as the department shall require.

§ 9-23.3 Notification.

(a) During the admission process, whenever practicable, hospitals shall provide patients with verbal notification as to the hospital's policies describing the availability of charity care and any process necessary to apply for charity care. Reasonable efforts shall be made to notify patients of the determination on such application.

(b) Hospitals shall post multilingual notices as to any policies on charity care in several prominent locations within the hospital, including but not limited to the emergency department, billing office, waiting rooms for purposes of admissions, outpatient area, and inpatient area. Said notices shall be published in at least the following languages English and Spanish: and shall be clearly visible to the public from the location where they are posted.

§ 9-23.4 Authority to Adopt Rules and Regulations. The Commissioner may issue and amend rules, regulations, standards, or conditions to implement this ordinance. The Commissioner is authorized to implement the provisions of this ordinance, including any rules, regulations, standards, or conditions issued hereunder.

§ 9-23.5 Hospital Noncompliance. The Department of Health shall maintain a telephone line to receive complaints by patients in connection with alleged violations of the provisions of this title. Such complaints shall be forwarded to the New York State Department of Health. No county agency shall enter into an agreement with a hospital that has failed to comply with the provisions of this title. The department shall cause to be posted on the County website a list of hospitals that have failed to comply with this title; once in compliance such hospital shall be removed from the website.

§ 9-23.6 Severability; Consistency with Federal and State Law. If any part or provision of this law, or the application thereof to any person or circumstances, is held invalid, the remainder of the law, including the application of such part or provision to other persons or circumstances, shall not be affected thereby and shall continue in full force and effect. To this end, provisions of this law are severable. Nothing in this section shall be interpreted or applied so as to create any power, duty or obligation in conflict with any federal or state law.

§ 9-23.7 Annual Report. The Nassau County Department of Health shall make an annual report on the information obtained from the hospitals for use including, but not limited to, future planning on the department's provision of health care to the community. Each hospital shall be provided a draft copy of the annual report. Hospitals will be allowed to provide an explanation as to the data presented in the draft annual report, which may be incorporated within the final annual report presented to the public.

(Title F added by Local Law No. 1-2003, in effect January 23, 2003.)